								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 10723956													
CLAIMS AS FILED - PART I (Column 1) (Column 2)							•	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TO	OTAL CLAIMS		18				Γ	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FE	385. 0 0	OR	Basic fee	770.00	
TOTAL CHARGEABLE CLAIMS			8 minus 20=		•		Γ	X\$ 9=		OR	X\$18=		
IN	DEPENDENT CI	LAIMS	minus 3 =		•		Γ	X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290≃		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II										-	OTHER		
_	ı		(Colun		(Column 3)		SMALL		OR I	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM! PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 20	Minus	-2		<u> </u>		X\$ 9=	-	OR	X\$18=	J	
AME	Independent		Minus ·	***	3	-	Γ	X43=	-	OR	X86=	1	
	FIRST PHESE	ST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145=		OR	+290=	·	
								TOTAL		OR	TOTAL ADDIT, FEE	7	
					•								
AMENDIKENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BEA	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 16	Minus	*)	W.	e. —		X\$ 9=		OR	X\$18=	-	
AME	Independent	• /	Minus	ميد _	3	=		X43=	-	OR	X86=)	
Ŀ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Ţ	+145=		OR	+290=		
•								TOTAL		OR	YOYAL ADDIT, FEE		
		AU:	DII. PEE			ADDN. FEEL							
	\	(Column 1) CLAIMS		HIGHEST		(Column 3)			ADDI-	I		ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA	Ŀ	RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	**		= .	,	X\$ 9=		OR	X\$18=	\	
AME	Independent	ATTATION OF A	Minus	ENDENT	CL AIM	-	. [X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=		OR	+290=		
-	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 										TOTAL ADDIT, FEE		
		mber Previously Paid ber Previously Paid						DIT, FEE	propriate box				